24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
NEA Advocacy Fund	C00489815
Check if X 24-hour report 48-hour report New report Amends report filed on	/ / D = D / Y = Y = Y
Full Name of Payee Dixon/Davis Media Group LLC Date of P	
Mailing Address 1028 33rd Street NW Suite 300 Amount	31 2014
City State Zip Code	3807.00
	ion ID: B538807 Disbursement or Obligation
Purpose of Expenditure Production and Shipping of TV Ad to Begin Airing 11/1/14 Category/ Type 004	W / D D / Y Y Y
Name of Federal Candidate Support Office Sought:	House District:
Joni Ernst Oppose President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	or: Primary ⊠ General
	Public Distribution/Dissemination
Mailing Address Amount	
City State Zip Code	7
Purpose of Expenditure Category/ Type Date of D	Disbursement or Obligation
Name of Federal Candidate Support Office Sought: Oppose President	House District:
Calendar Year-To-Date Per Election for Office Sought Other	or: Primary General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3807.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	3807.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y